



STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF LICENSING AND REGULATORY SERVICES

Maine Registry of Certified Nursing Assistants (CNA)
Renewal Application for CNA

Information on File (Please indicate any changes) <small>*Documentation of name change must be attached (i.e. copy of Driver's License, marriage certificate, or divorce decree)</small>	Information on File (Please indicate any changes)
>Full Name< >Street Address< >City, State Zip<	License Number: CNAXxxx Date of Birth: >DOB< Telephone Number: (xxx) xxx-xxxx Email Address:

1. Are you currently employed as a CNA and/or have you worked at least 8 hours (under the supervision of an R.N.) during the past 24 months? <input type="checkbox"/> No <input type="checkbox"/> Yes, provide documentation from the employer(s) to include date of hire, and if applicable, termination date.	
2. Have you ever been denied a CNA certificate or license in this State or any other State? <input type="checkbox"/> No <input type="checkbox"/> Yes, please contact the CNA Registry at (207) 624-7300 or (800) 791-4080	
3. Have you ever had any disciplinary action taken against your CNA certificate or license in any State? (i.e. probation, suspension, revocation or reprimand) <input type="checkbox"/> No <input type="checkbox"/> Yes, please specify action taken: _____	
4. Have you ever been convicted of any crime not previously disclosed to the Registry? <input type="checkbox"/> No <input type="checkbox"/> Yes, please include documentation of the crime(s). (No originals please)	

Copies of Renewal Certificates will be provided for a fee of \$5.00. Should your renewal application be denied, a refund will be issued to you. Do you wish to receive a copy of your Renewal Certificate? <input type="checkbox"/> No <input type="checkbox"/> Yes, please include a check/money order for \$5.00	Amount enclosed: \$ _____
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I believe that all of my answers to the above questions are true and correct. I understand that the staff of the Registry will verify the information on this application for its truthfulness and that knowingly making a false statement on this application may subject me to prosecution under applicable Maine law.		
_____	_____	_____
Print Name of Applicant	Signature of Applicant	Date

IMPORTANT NOTICES: (Please read carefully)

- 1) Please complete the CNA Renewal form on the back side of this notice. This is THE ONLY notice that you will receive.
- 2) The Renewal form must be returned in the enclosed pre-paid envelope within 30 days of this notice.
- 3) Failure to return this Renewal form by the stated deadline may result in being placed as **"inactive"** status on the Registry.
- 4) If you have any questions, please contact the Registry at (207) 624-7300 or Toll Free 1 (800) 791-4080 or go to our Web site under "Frequently Asked Questions" at <http://www.maine.gov/dhhs/dlrs/cna/faq/index.shtm>.
- 5) There is a \$5 fee if you wish to receive a Renewal Certificate. Please include a check or money order payable to "Treasurer, State of Maine".

For questions regarding this program and/or application, please contact the following:

Department of Health and Human Services
Licensing and Regulatory Services
Maine Registry of Certified Nursing Assistants (CNA)
41 Anthony Ave; 11 State House Station
Augusta, ME 04333-0011

Tel: (207) 624-7300

Fax: (207) 287-9325

Toll Free: 1-800-791-4080

TTY users call Maine relay 711

Email: dlrs.cnaregistry@maine.gov

Office Use Only:	Check# _____	MO # _____	Amount \$ _____	Initials: _____
	License# _____	Approved by: _____	Approved Date: _____	